

# Work Order ID 97175

February-14-13 2:56:24 PM

**\*97175\***

Page 1

Item ID: 646.3710

Accept

**\*N9000040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Doubler

Stop **\*NS2\***

Start Date: 2/14/13 Start Qty: 10.00

Required Date: 2/28/13 Req'd Qty: 10.00

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-02-19 Tooling:

Run Start **\*NR1\***

QC: Date: SPC (Y/N):

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								
110		0.00							
<b>*110*</b>									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>19184</u>								
	Manufacture as per dwg								
	Possible supplier: SOUTHLAND FABRICATION								
	Material release note is required.								
120	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*120*</b>									
Packaging	Memo	0.00							
Packaging									
130	QC6- Inspect dimensions to drawing	0.00							
<b>*130*</b>									
QC	Memo	0.00							
Quality Control									

CX 13/02/26 (30)

30x SP  
13-4-5

27  
1345

30x

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>			<b>Grain</b>		<b>Other</b>	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

# Work Order ID 97175

February-14-13 2:56:24 PM

**\*97175\***

Page 2

Item ID: 646.3710

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Doubler

Stop **\*NS2\***

Start Date: 2/14/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 2/28/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

**\*140\***

Outsource4

Memo

0.00

Outsource process - Anodize

ANODIZE AS PER DWG  
ISSUE PO: 19184

CZ 13/02/26 30

150

Receive & Inspect for Damage & Mat'l Certs

0.00

**\*150\***

Packaging

Memo

0.00

Packaging

n/a  
13/04/15

160

QC5- Inspect part completeness to step on W/O

0.00

**\*160\***

QC

Memo

0.00

Quality Control

n/a

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions  <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**Work Order ID 97175**

February-14-13 2:56:24 PM

**\*97175\***

Page 3

Item ID: 646.3710

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Doubler

Start Date: 2/14/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 2/28/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 <b>*170*</b> SprayPaint Spray Painting	Memo PRIME AS PER DWG (SEE NOTE 2) BATCH: _____	0.00 0.00							
180 <b>*180*</b> QC Quality Control	<del>QC14- Inspect Spray Paint</del> QC Memo	0.00 0.00							
190 <b>*190*</b> Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Memo ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***	0.00 0.00							

stock st425

2/13/13 5:5 (30)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# Work Order ID 97175

February-14-13 2:56:24 PM

**\*97175\***

Page 4

Item ID: 646.3710

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Doubler

Stop **\*NS2\***

Start Date: 2/14/13 Start Qty: 10.00

**\*10\***

Cust Item ID:

Required Date: 2/28/13 Req'd Qty: 10.00

**\*10\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

200

QC21- Final Inspection - Work Order Release

0.00


**\*200\***

QC

Memo

0.00

Quality Control

13/4/8 

113-04-8

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Picklist Print

February-14-13 10:52:34 AM

Page 1

Work Order ID: 97175

Parent Item: 646.3710

Parent Item Name: Doubler

Start Date: 2/14/13

Required Date: 2/28/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.12.19 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
646.3710P Doubler		Manufactured	No				Each	0.0000					

~~30 x 8P13-4-5~~<sup>10</sup>

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>             Rework <input type="checkbox"/>              Scrap <input type="checkbox"/>              Use-as-is <input type="checkbox"/>              Work Order Update <input type="checkbox"/> </div> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-around;"> <div>             Skid-tube <input type="checkbox"/>              Machining <input type="checkbox"/>              Thermoforming <input type="checkbox"/>              Large Fab <input type="checkbox"/> </div> <div>             Crosstube <input type="checkbox"/>              Small Fab <input type="checkbox"/>              Finishing <input type="checkbox"/>              Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/>              Prod. Eng. Coord. <input type="checkbox"/>              Rec/Store/Packaging <input type="checkbox"/>              Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/>              Quality <input type="checkbox"/>              Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS			EOR: D-12-010	

## SHEET 1, ZONE A2 IS:

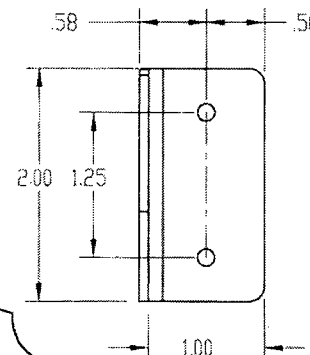
IS

⚠ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11  
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

STAMPED  
COPY  
DATE 11-15-12  
BY 97175 MLC  
13-02-19

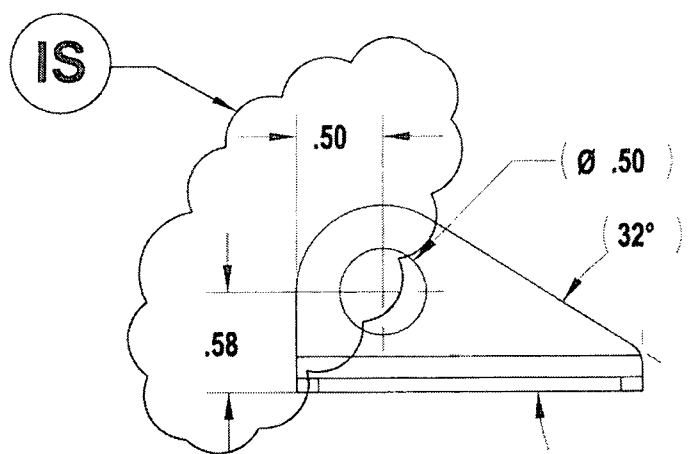
## SHEET 7, ZONE B1 IS:

IS

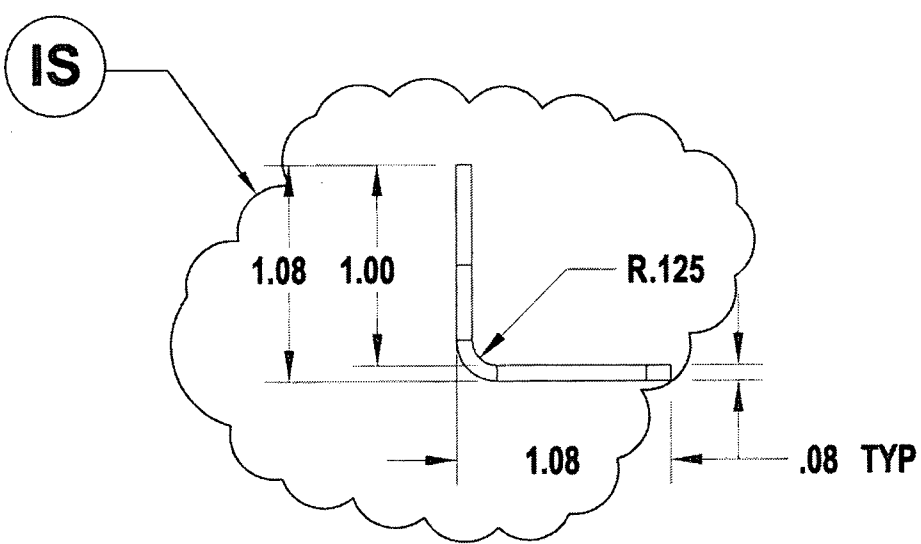


F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY	DER REVIEW REQUIRED
<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

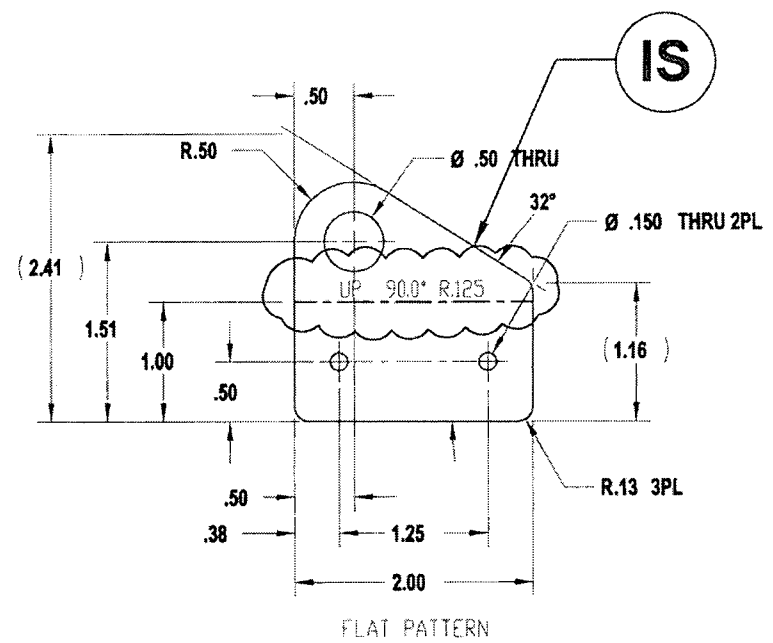
97175



**SHEET 7, ZONE C4 IS:**



**SHEET 7, ZONE D1 IS:**



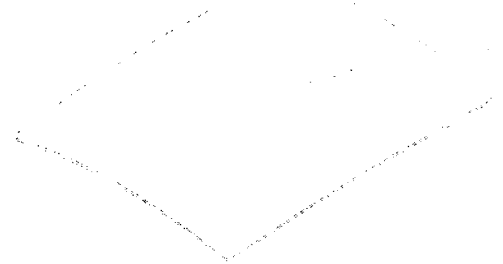
**SHEET 7, ZONE B7 IS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
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97175

NOTES:

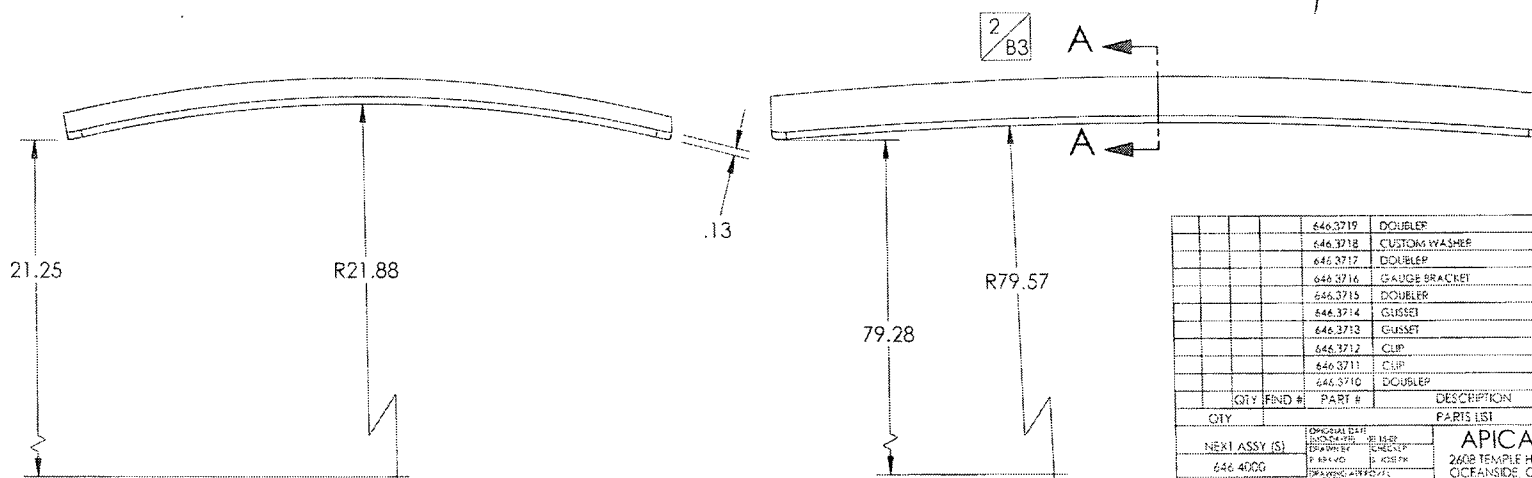
- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5 DEBURR AND BREAK ALL SHARP EDGES
- 6 IDENTIFY IAW MPP-120



646.3710

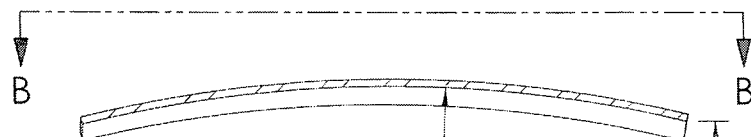
UNINCORPORATED ECN(s)

03702



		646.3719	DOUBLEP																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													</
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SECTION A-A



21.33

R21.94

13.51

R395.138

R.13 4PL

10.49

10.54

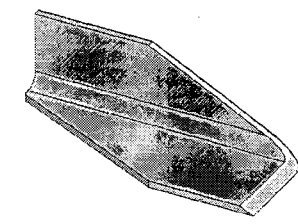
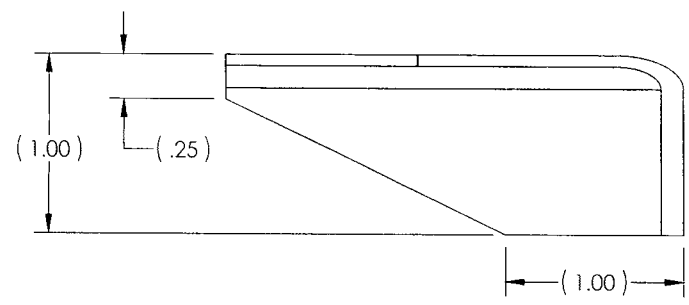
SECTION B-B

<small>           ORIGINAL DATE            11/01/01            DESIGNED BY            P. KIRBY            CHECKED BY            J. JOSEPH            APPROVED BY            J. JOSEPH            DATE            11/01/01         </small>		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300	
<small>           ALL DIMENSIONS UNLESS            OTHERWISE SPECIFIED            DIMENSIONS ARE            IN INCHES            DECIMALS TO TWO            PLACES         </small>		<small>           JOB CODE            071616         </small>	<small>           QTY            646.3700         </small>
<small>           SCALE            NONE         </small>		<small>           SHEET            2 OF 9         </small>	<small>           REV            A         </small>

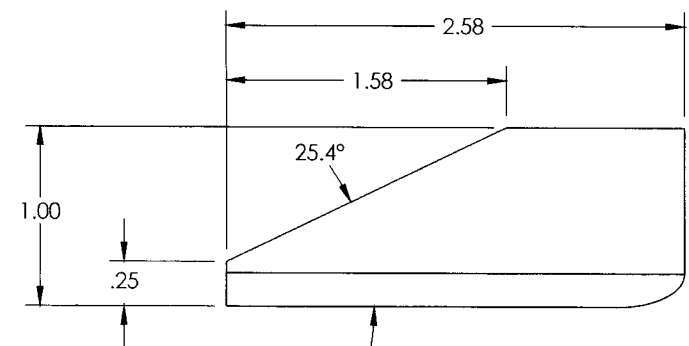
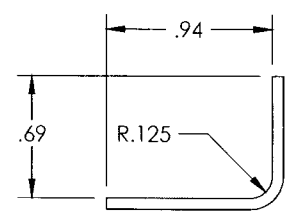
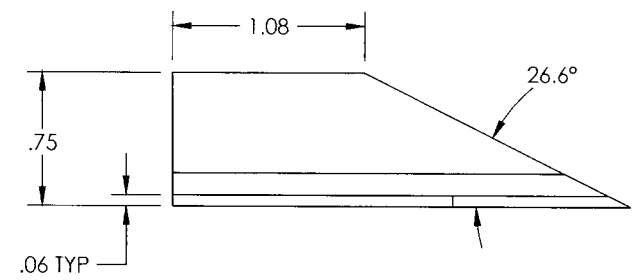
97175

ALL INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REV.	DESCRIPTION	DATE	APPROVED

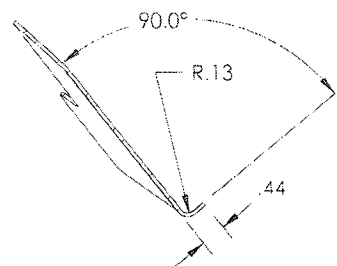


646.3711 SHOWN  
646.3712 OPPOSITE

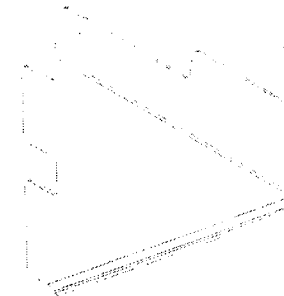


NEXT ASSY (S)	ORIGINAL DATE 08-18-06	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
	DRAWN BY P. BRAVO		
	DRAWING APPROVAL DATE		SHEETMETAL
	CONTRACT NO.		
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.005 ANGLES ±.5°		
SIZE B	CAGE CODE 07M26	DATE 07/26/06	REV. A
SCALE: NONE			SHEET 3 OF 9

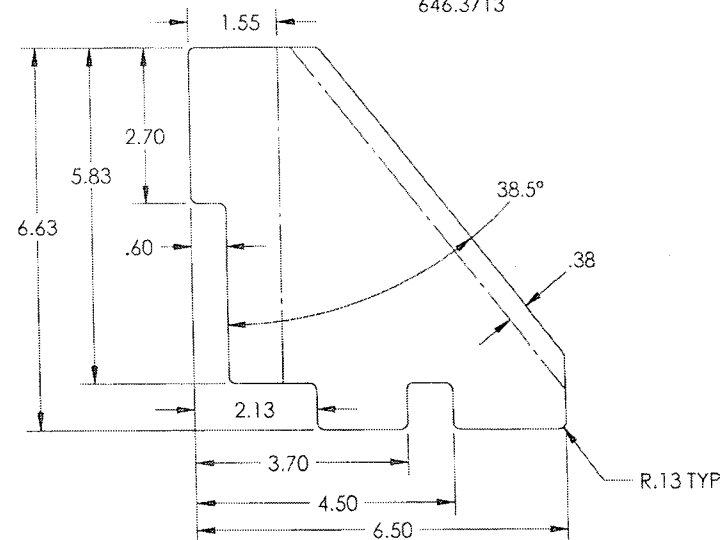
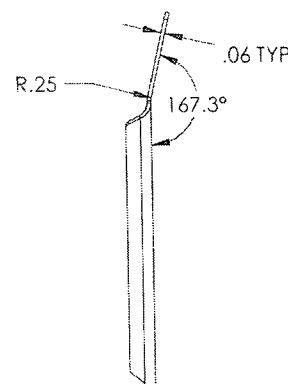
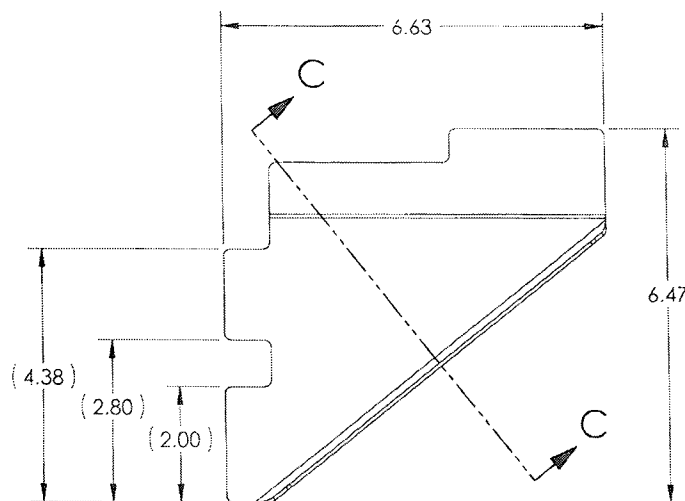
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SECTION C-C



646.3713

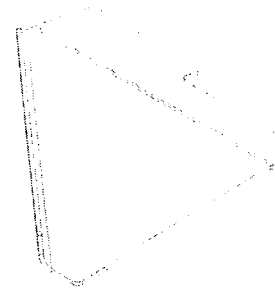
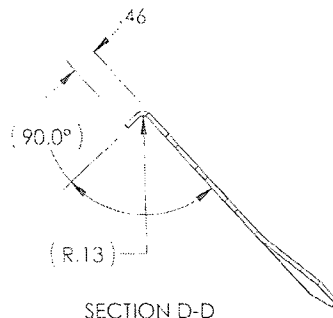


FLAT PATTERN

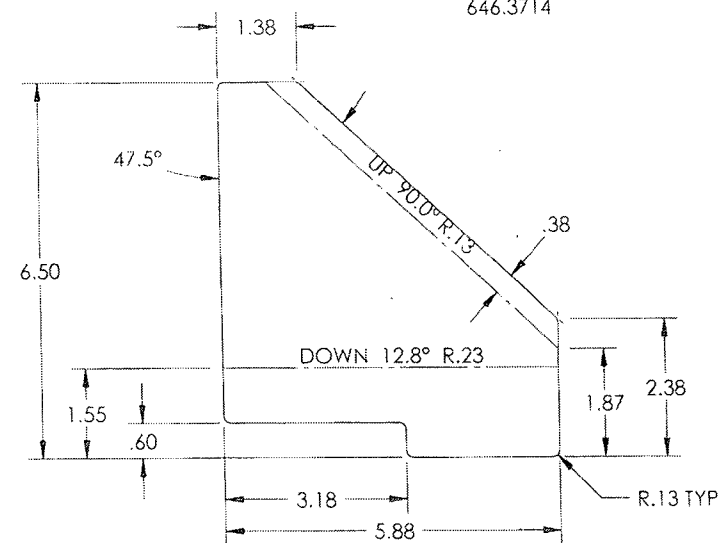
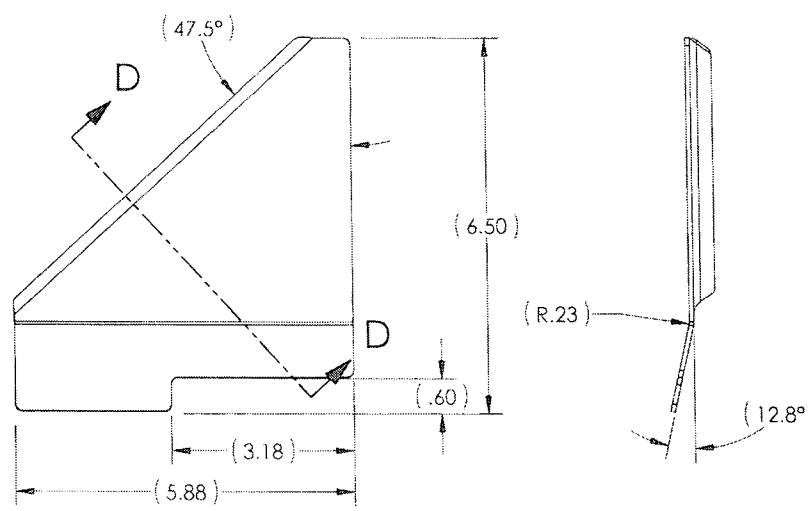
NEXT ASSY (S)	ORIGINAL DATE	DATE	APICAL INDUSTRIES	
	DESIGNED BY	DATE	2608 TEMPLE HEIGHTS DR.	
	DRAWN BY	DATE	OCEANSIDE, CA. 92056-3512 (760) 724-5300	
	CHECKED BY	DATE		
	APPROVED BY		SHEETMETAL	
	DATE			
	SUB (CAGE CODE)		646.3700	
	REV		A	
SCALE: 1:1			SHEET 1 OF 1	



97175

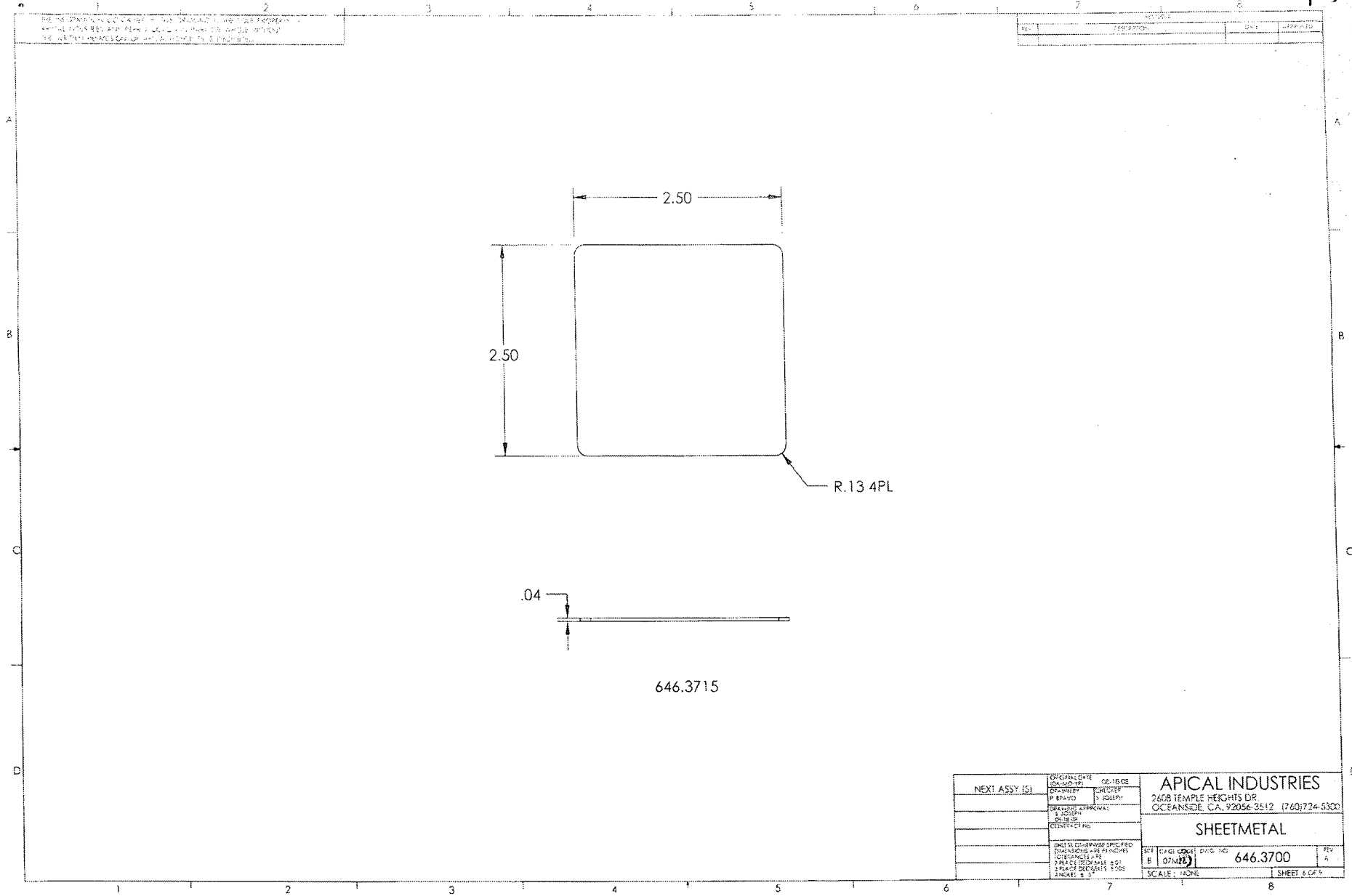


646.3714



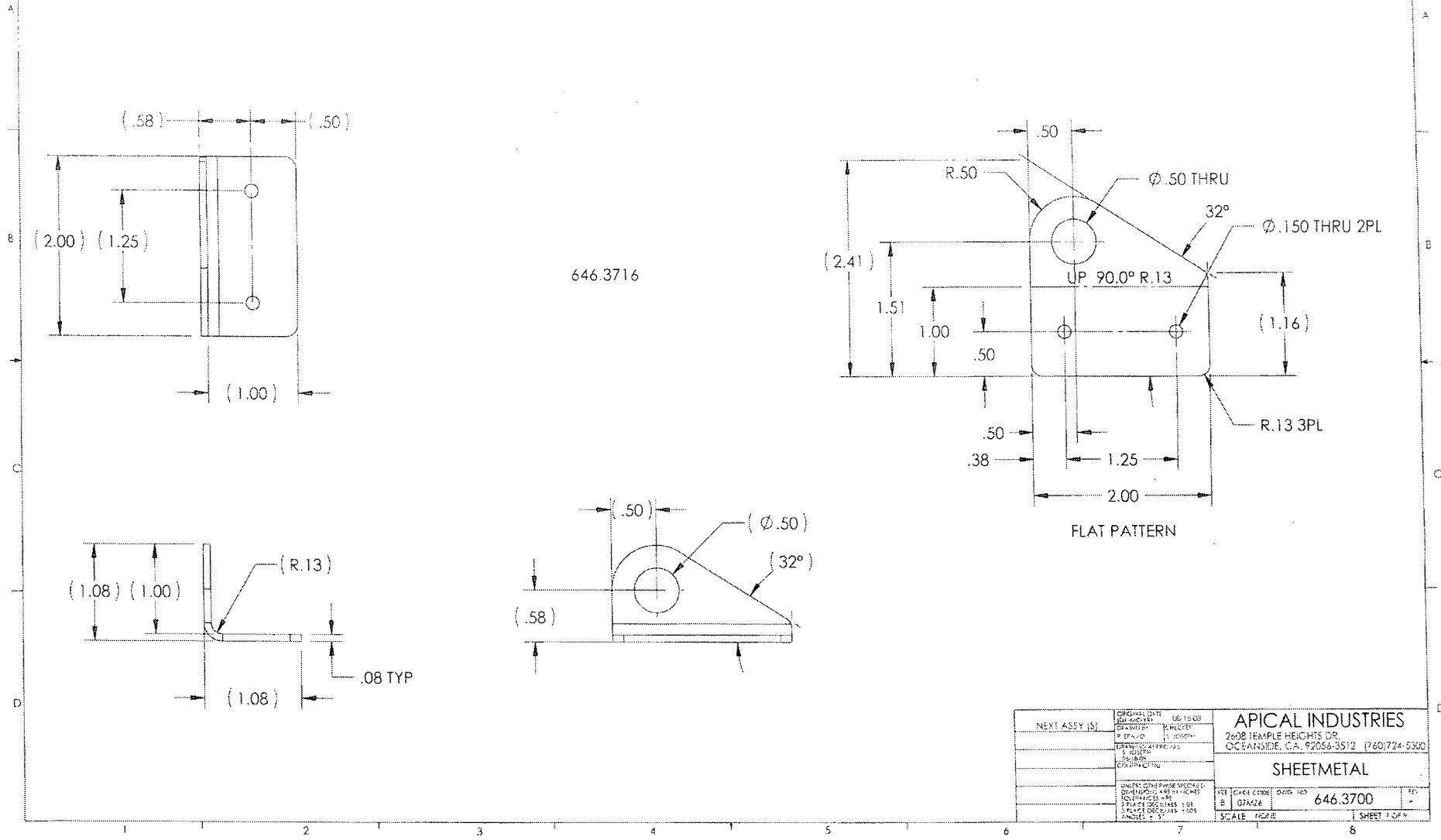
<small>           ORIGINAL DATE            DESIGNED BY            DRAWN BY            CHECKED BY            APPROVED BY            DATE         </small>		<b>APICAL INDUSTRIES</b> 2508 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3312 (760) 724-5300	
<small>           ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED            DIMENSIONS ARE IN INCHES            DECIMALS AND FRACTIONS            2 PLACE DECIMALS (0.01)            1/16" INCHES (0.0625)            1/8" INCHES (0.125)            1/4" INCHES (0.25)            3/8" INCHES (0.375)            1/2" INCHES (0.5)            5/8" INCHES (0.625)            3/4" INCHES (0.75)            7/8" INCHES (0.875)            1" INCHES (1.0)         </small>		<b>SHEETMETAL</b>	
<small>           PREPARED BY            DATE         </small>	<small>           DWG NO.            SCALE         </small>	<b>646.3700</b>	<small>           SHEET            OF         </small>

97175



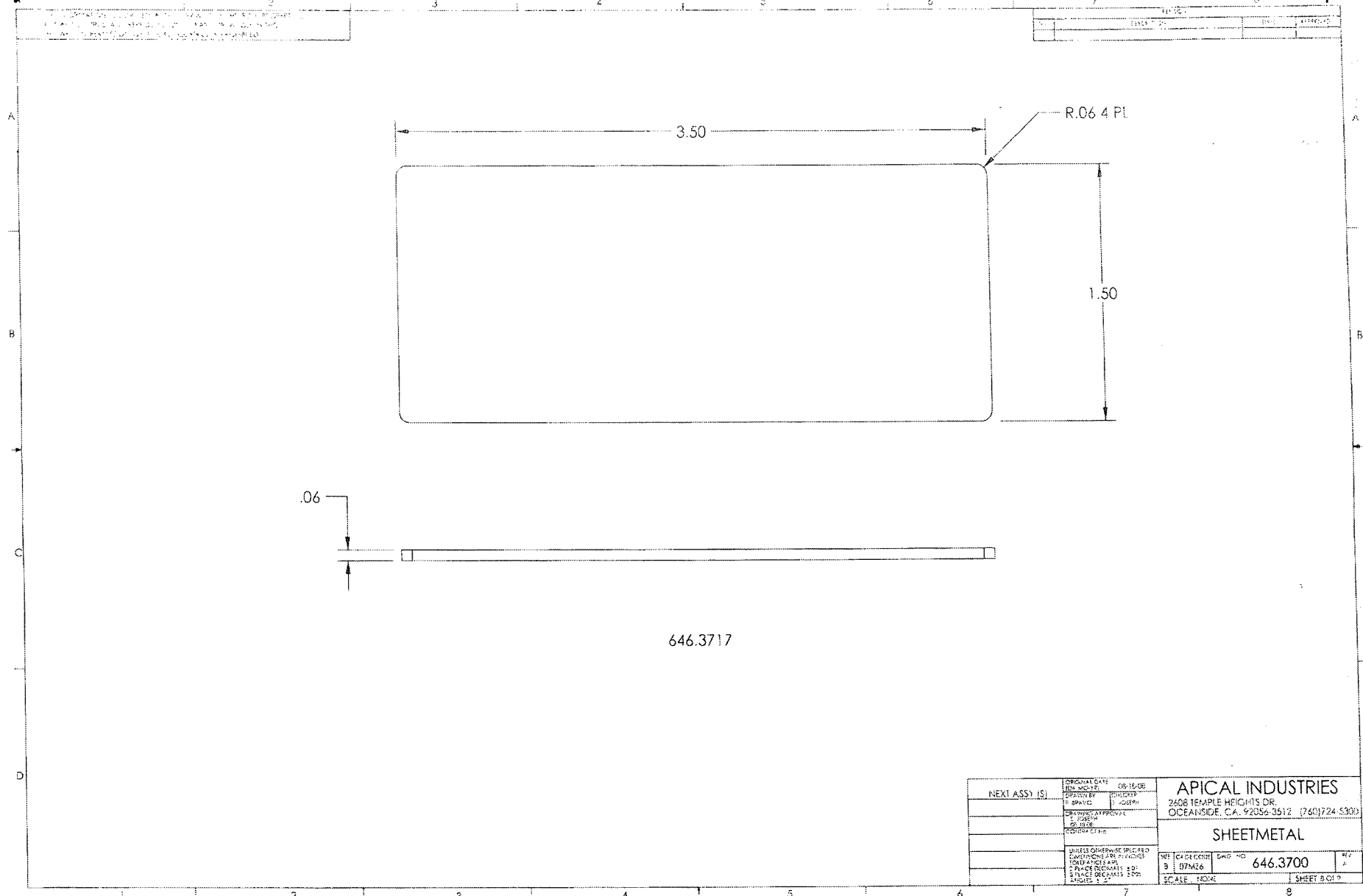
NEXT ASSY (S)		ORIGINAL DATE 02-15-02	APICAL INDUSTRIES	
DESIGNED BY	02-15-02	DESIGNED BY	2608 TEMPLE HEIGHTS DR.	
DESIGNED BY	02-15-02	DESIGNED BY	OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DESIGNED BY	02-15-02	DESIGNED BY	SHEETMETAL	
DESIGNED BY	02-15-02	DESIGNED BY	SCALE: NONE	
DESIGNED BY	02-15-02	DESIGNED BY	SHEET 6 OF 9	
DESIGNED BY	02-15-02	DESIGNED BY	REV A	
DESIGNED BY	02-15-02	DESIGNED BY	646.3700	
DESIGNED BY	02-15-02	DESIGNED BY	646.3715	

97175



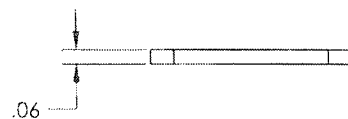
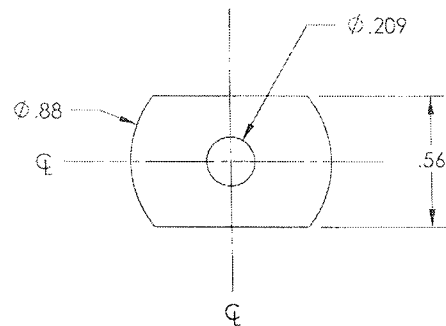
NEXT ASSY (S)	ORIGINAL DATE	06/15/08	APICAL INDUSTRIES	
	DESIGNED BY	WILLIAMS		
	DRAWN BY	WILLIAMS	2608 TEMPLE HEIGHTS DR.	
	CHECKED BY	WILLIAMS	OCEANSIDE, CA 92056-3512 (760) 724-5300	
UNLESS OTHERWISE SPECIFIED:	TOLERANCES ARE:		SHEETMETAL	
			B 07A226	
			646.3700	
			SCALE: NONE	
SHEET 2 OF 4				

93175

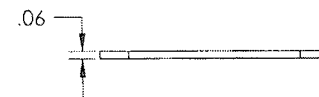
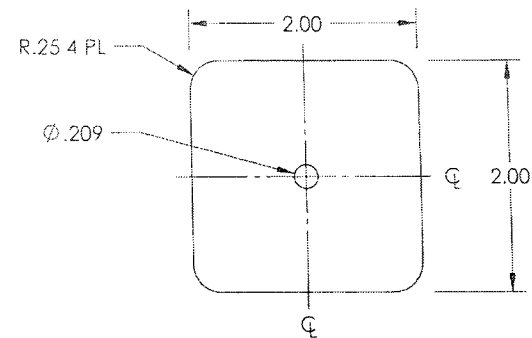


NEXT ASSY. IS	ORIGINAL DATE		OR 15-08	
	REV. NO.		REV. NO.	
	BY		BY	
	DATE		DATE	
	APICAL INDUSTRIES		2608 TEMPLE HEIGHTS DR.	
			OCEANSIDE, CA. 92056-3512 (760)724-5303	
	SHEETMETAL			
	UNLESS OTHERWISE SPECIFIED		NET WT. 0.0000	
	TOLERANCES ARE IN INCHES		GROSS WT. 0.0000	
	TYPICAL WALL THICKNESS		646.3700	
	2 PLACES DIMENSIONS ±.01		SCALE: 1"=1"	
	2 PLACES DIMENSIONS ±.001		SHEET B.O.D.	
	2 PLACES DIMENSIONS ±.001			
	2 PLACES DIMENSIONS ±.001			
	2 PLACES DIMENSIONS ±.001			

97175



646.3718



646.3719

NEXT ASSY (S)	DRAWING DATE 08-18-08		APICAL INDUSTRIES 2409 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
	DRAWN BY P. BROWN			
	CHECKED BY J. JOHNSON		SHEETMETAL	
	DRAWING APPROVAL			
	EQUIPMENT NO.		SCALE: 1"=1"	
	UNITS: DIMENSIONS SPECIFIED			
	DIMENSIONS ARE IN INCHES		SHEET 9 OF 9	
	TOLERANCES ARE:			
	FRACTIONS DECIMALS ±.01		646.3700	
	DIMENSIONS OVER 1" ±.005			
	ANGLES ±.5°			

**SOUTHLAND FABRICATION**  
**411 INDUSTRIAL WAY**  
**FALLBROOK, CA. 92028**

**PACKING SLIP**

No : 00012419

**To:** Dart Aerospace Ltd  
1270 Aberdeen Street  
Hawesbury ON K6A 1K7  
Canada

**Ship To:** Dart Aerospace Ltd  
1270 Aberdeen Street  
Hawesbury ON K6A 1K7  
Canada

Ship Via	PO Number	Origin	Date	Qty
UPS	PO19184	ORIGIN	04/02/2013	1

Quantity	Part Number	Part Description	Part Number
----------	-------------	------------------	-------------

30✓

646.3710  
Doubler

A

00011703

SP 13-4-5

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

# Certificate Of Compliance

**Date :** 04/02/2013

**Job No. :** 00011703

**Customer :** Dart Aerospace Ltd

**P.O. Number :** PO19184

**Part Number :** 646.3710

A

**Quantity :** 30

**Description :** Doubler

We hereby certify that all parts and/or material supplied by us have been produced in conformance with all contractually applicable purchaser's specification as referenced in the purchase order and/or drawing(s) supplied.

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**PRESS HARD WHEN WRITING**

<b>SHIPPER</b>	1 NAME OF SENDER <b>Jason Secols</b>	TELEPHONE/TELEX NO. : VERY IMPORTANT <b>760-723-4006</b>
	COMPANY NAME AND ADDRESS <b>Southland Fabrication</b>	
	<b>411 Industrial way</b>	
	<b>Fallbrook Ca. 92028</b>	
	COUNTRY <b>U.S.A.</b>	
2	SHIPPER'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (EIN, ETC.)	

5	DATE <b>4-3-15</b>
---	-----------------------

6	NUMBER OF PACKAGES IN SHIPMENT <b>1</b>	7	TOTAL WEIGHT IN SHIPMENT <b>58</b>
---	--	---	---------------------------------------

8	SHIPMENT REFERENCE NO. REFERENCE NUMBER 1 REFERENCE NUMBER 2
---	--

<b>CONSIGNEE</b>	3 NAME OF CONTACT PERSON <b>Dart Aerospace Ltd.</b>	TELEPHONE/TELEX NO. : VERY IMPORTANT <b>613-632-9577</b>
	COMPANY NAME AND ADDRESS <b>1270 Aberdeen</b>	
	<b>Hawkesbury, ON. K6A 1K7</b>	
	COUNTRY <b>Canada</b>	
4	CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (GST, VAT, IMPORTER'S NO., ETC.)	

<b>SOLD TO</b>	9 NAME OF CONTACT PERSON	TELEPHONE/TELEX NO. : VERY IMP
	COMPANY NAME AND ADDRESS	
	COUNTRY	
	CONSIGNEE'S IDENTIFICATION NO. FOR CUSTOMS PURPOSES (GST, VAT, IMPORTER'S NO.)	

DESCRIPTION AND VALUE OF CONTENTS					
QUANTITY	COMPLETE DESCRIPTION OF CONTENTS	COUNTRY OF ORIGIN (WHERE MANUFACTURED)	CUSTOMS COMMODITY CODE NUMBER IF KNOWN (HARMONIZED CODE)	UNIT VALUE (US \$)	TOTAL VALUE (US \$)
30	#646.3710P Doubled			268.00	8040.

17	COUNTRY OF ULTIMATE DESTINATION	18	VALIDATED LICENSE NUMBER AND EXPIRATION DATE OR GENERAL LICENSE SYMBOL	19	TERMS OF SALE	20	TOTAL VALUE OF CO (US \$)
<div>21</div> <div>REMARKS</div>						22	INSURANCE CHARGE (US \$)
						23	TRANSPORTATION CHARGE (US \$)
						24	TOTAL INVOICE VALUE (US \$)
						25	DUTY, TAX, AND BROKERAGE SERVICE CHARGE (US \$)
<div>26</div> <div>FOR SHIPMENTS TO CANADA</div> <div>CERTIFICATION OF U.S. ORIGIN (INITIAL THE BOX WHEN APPLICABLE)</div>						<div>27</div> <div>INCLUDED IN TOTAL INVOICE VALUE</div> <div>YES</div>	

INITIAL HERE

I CERTIFY THAT THE GOODS REFERENCED IN THIS INVOICE/SALES CONTRACT ORIGINATE UNDER THE RULES OF ORIGIN SPECIFIED FOR THESE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT (NAFTA), AND THAT FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES HAS NOT OCCURRED SUBSEQUENT TO





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19184

Purchase Order Date 2/26/13

PO Print Date 2/26/13

Page Number 1 of 1

Order From :

VU-SOU004

SOUTHLAND FABRICATION  
411 INDUSTRIAL WAY  
FALLBROOK, CALIFORNIA 92028

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	760-723-4006	Requisition Nbr	
Vendor Fax	760-723-4604	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	USD
		FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
613.62.1053

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
	646.3710P	Doubler	4/05/13 Yes	30.00 Each	FedEx PI collect	\$268.0000	\$8,040.00

Special Ins.: AS PER DWG 646.3710 REV. A  
B97175  
NOTE: BLACK HARD ANODIZE AND  
PRIMER IS INCLUDED IN PRICE

SP13-4-5

PO Total: \$8,040.00

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 2/26/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required **YES** NO

# FedEx International Air Waybill

Express

**1 From**

Date 4-3-13 Sender's FedEx Account Number \_\_\_\_\_

Sender's Name Jason Secola Phone 760-723-4006

Company Southland Fabrication

Address 411 Industrial Way.

Address \_\_\_\_\_

City Fallbrook State/Province CA

Country USA ZIP Postal Code 92028

**2 To**

Recipient's Name Dart Aerospace Ltd. Phone 613-632-9577

Company Dart Aerospace Ltd.

Address 1270 Aberdeen

Address \_\_\_\_\_

City Hawkesbury State/Province ON

Country Canada ZIP Postal Code K6A 1K7

Recipient's Tax ID Number for Customs Purposes  
e.g., GST/RFC/VAT/IN/EN/ABN, or as locally required.

**3 Shipment Information** ☐ For EU Only. Tick here if goods are not in free circulation and provide C.I.

Total Packages 1 Total Weight 58 lbs ☒ kg ☐ DIM 17 1 in ☐ cm

Commodity Description 2x6 371.2 Dabler Harmonized Code \_\_\_\_\_ Country of Manufacture \_\_\_\_\_ Value for Customs REQUIRED 8046.00

Has EEI/SED been filed in AES? ☐ No EEI/SED required, value \$2,500 or less per Sch. B Number, no license required (NLR), not subject to ITAP. ☐ Yes, EEI/SED required. Total Declared Value for Carriage \_\_\_\_\_ Total Value for Customs (Specify Currency) \_\_\_\_\_

**4 Express Package Service**

☒ FedEx Intl. Priority ☐ FedEx Intl. First Available to select locations. Higher rates apply.

☐ FedEx Intl. Economy FedEx Envelope and FedEx Pak rate not available.

Packages up to 150 lbs./68 kg For packages over 150 lbs. (68 kg), use the FedEx Expanded Service Intl. Air Waybill.

**5 Packaging**

☐ FedEx Envelope ☐ FedEx Pak ☐ FedEx Box ☒ FedEx Tube

☒ Other 58 lbs. PW ☐ FedEx 10kg Box\* PX ☐ FedEx 25kg Box\*

**6 Special Handling**

☐ HOLD at FedEx Location ☐ SATURDAY Delivery Available to select locations for FedEx Intl. Priority only.

**7a Payment Bill transportation charges to:**

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash Check/ Cheque

FedEx Acct. No. 15179324-0 Total Transportation \_\_\_\_\_

Credit Card Exp. Date \_\_\_\_\_ Specify Currency \_\_\_\_\_

**7b Payment Bill duties and taxes to:**

ALL shipments may be subject to Customs charges, which FedEx does not estimate prior to clearance.

Enter FedEx Acct. No. below.

☐ Sender Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Cash Check/ Cheque

FedEx Acct. No. 15179324-0

**8 Your Internal Billing Reference**

First 24 characters will appear on invoice.

**9 Required Signature**

Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.

WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion contrary to U.S. law prohibited.

Sender's Signature: \_\_\_\_\_

This is not authorization to deliver this shipment without a recipient signature.

Received above shipment in good order and condition. We agree to pay all charges, including Customs duties and taxes as applicable, and we agree to the Conditions of Contract as stated on the reverse side of the Recipient's Copy.

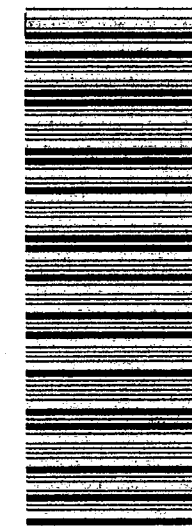
Recipient's Signature: \_\_\_\_\_

FedEx Tracking Number **8650 9363 9838 0402**

Origin Station ID <u>HMTA</u>	Destination Station ID <u>CA/YMXA</u>	URSA Routing	Handling Units
Received At <u>1</u> Reg. Stop <u>2</u> On-Call Stop <u>3</u> Drop Box <u>4</u> World Service Center <u>5</u> Station	Total Volume (cm) _____		
Forms Attached: <input checked="" type="checkbox"/> CI <input type="checkbox"/> CO			

Customs Copy

Not all services and options are available to all destinations. Dangerous goods cannot be shipped using this Air Waybill.



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PART 15810 Rev. Date 4/06 ©1994-2006 FedEx PRINTED IN U.S.A.

Form ID No.

PACKAGE LABEL

COMMERCIAL INVOICE LABEL

DELIVERY RECORD LABEL

DELIVERY REATTEMPT LABEL